

# **EXHIBIT 4**



**Cancer Specialists of North Florida**  
7015 A C Skinner Pkwy, Ste. 100  
Jacksonville, FL 32256  
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Patient Name: **Rausa, Pasqualina**Date: **5/3/2018**

Patient Number: [REDACTED]

Date Of Birth: [REDACTED]

**CONSULTATION****REFERRING PHYSICIAN**

Dr. Nwosa

**CHIEF COMPLAINT**

[REDACTED]

**HPI**

[REDACTED]

**Review Of Systems**

[REDACTED]

**PAST MEDICAL HISTORY**

[REDACTED]

[REDACTED] py

**PAST SURGICAL HISTORY**

[REDACTED]

Rausa, Pasqualina DOB: [REDACTED]